

Property Name

Property Address

Read all instructions carefully before completing. Type, or print clearly in black ink. Use this sheet to continue sections of the part 1 and Part 2 application, or to amend an application already submitted. Photocopy additional sheets as needed.

This Sheet: ☐ continues Part 1 ☐ continues Part 2 ☐ amends Part 2

Name _____ Date _____

Signature _____

Street _____ City _____ State _____ Zip _____

Telephone Number _____ E-Mail Address _____

[See Attachments](#)

KHC Use Only

The Kentucky Heritage Council has reviewed this application for the above named property and has determined:

	That the rehabilitation as described meets the Secretary of the Interior's Standards for Rehabilitation . This approval is a preliminary determination. A formal certification of rehabilitation can only be issued after the work is completed.
	That the rehabilitation as proposed will meet the Secretary of the Interior's Standards for Rehabilitation only if the attached conditions are met.
	That the rehabilitation as proposed does not meet the Secretary of the Interior's Standards for Rehabilitation .

KY Heritage Council / State Historic Preservation Office Authorized Signature

Date _____